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INFANT DEATH: SOCIODEMOGRAPHIC AND MEDICAL RISK FACTOR ANALYSES FOR NORTH CAROLINA

by

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ABSTRACT

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Between 1977-81 and 1988-91, reductions in fetal and neonatal mortality were greater for whites than nonwhites, while nonwhites experienced a greater decline in postneonatal death. This occurred as whites experienced a 26 percent **increase** in the postneonatal death rate of infants weighing 1500-2499 grams at birth.

The size and mix of North Carolina's birth population also changed considerably during those years with large increases in the numbers of unmarried and older mothers. Simultaneously, shifts occurred in the relative risks associated with several sociodemographic factors.

As a result of the 1988 expansion of data gathered on the North Carolina birth certificate, this report examines associations between a poor pregnancy outcome and selected medical conditions of the mother. Inadequate prenatal care, low weight gain, and complications of labor and delivery are strong risk factors. Deficient reporting of maternal health conditions will be addressed in the future by linking birth certificates with hospital discharge records.

This descriptive study needs to be followed by multivariate analyses to assess the independent effects of the various demographic, behavioral, and medical factors that seem to make a difference in pregnancy outcome. Based on those results, it is recommended that attributable risk analyses also be performed to assess the potential proportional reduction in overall infant mortality that could be achieved by modifying certain risk factors.

INTRODUCTION

North Carolina has a history of high infant mortality. In response to that general trend and to the state's particularly high rate in 1988, Governor James G. Martin created on December 13, 1989, the Governor's Commission on Reduction of Infant Mortality. The legislature followed with sizable appropriations to combat the problem.

The state's infant mortality rate dropped in 1992 to 9.9, the lowest in the state's history. Still, more than 1,000 babies died during their first year of life, and nearly 1,000 more were stillborn after 20 weeks gestation.

One means of saving the lives of more infants is to ensure that *all* women, and particularly those identified as being at high risk, receive appropriate and accessible prenatal care. The data of this report should prove useful for identifying groups at high risk for infant death as a basis for targeting intervention programs.

BACKGROUND FOR PRESENT REPORT

For many years, North Carolina has collected information on birth certificates about maternal characteristics that are known risk factors for fetal, neonatal, and postneonatal death. These sociodemographic risk factors include young and old age, low educational level, unmarried, high birth order, a previous pregnancy termination, or a child born alive who is now dead. These factors may be ascertained as early as a woman's first prenatal care visit.

Since 1972, the State Center has routinely produced (triennially, then annually) state, region, county, and hospital-specific tables showing live births and corresponding fetal, neonatal, and postneonatal deaths and death rates according to birthweight and the various maternal characteristics associated with risk. Due to rising publication and distribution costs, these data are no longer distributed except by special request.

In 1988, a new birth certificate was implemented. Items were added and some existing ones revised to obtain new and better information on demographic, behavioral, and medical factors influencing fertility and pregnancy outcomes. The purpose was to provide better data for planning and evaluating maternal and child health programs.²

The present report is the State Center's first analysis of the statewide data since a report was last

published in 1988 (1986 data). The purpose is three-fold: 1) to examine changes in birthweight-specific fetal, neonatal, and postneonatal mortality over the past decade; 2) to see if the traditional maternal risks are changing and how; and 3) to measure the association between a poor pregnancy outcome and selected new items on the birth certificate. The latter aspect is made possible by the recent availability of four years of the new birth certificate data (1988-91) so that more stable mortality estimates are possible.

In considering the results of this study, the reader should keep in mind that the risk factors are often markers for infant mortality, not necessarily causes. Birth to an unwed mother, for example, does not cause infant death; rather, associated factors such as socioeconomic status, stress, and lack of medical care are among the underlying causes of higher infant death rates among unmarried mothers. Marital status of the mother is thus a surrogate measure for a variety of other related factors for which data are not available. The point is to use available data for targeting resources toward populations most in need.

TECHNICAL NOTES

The definitions and death rate formulas used in this report are given on pages 13 and 14. The reader should note that, in the case of neonatal, postneonatal, and infant deaths, only those matched to a birth certificate are used. Also, the numerator of a death rate is the number of deaths among infants born during the period of study. Although 1992 deaths are now available, 1991 is the latest birth year for which infant deaths have been matched to a birth certificate.

Detailed tables for the 1988-91 period are provided in Appendices A and B while text tables are used to highlight changes over the past decade (Tables 1-5) and findings from the analysis of medical risk factors (Tables 6 and 7). Users will note in Tables 1, 3, and 4 that data for an earlier time period are for five years rather than four (in order to use available rates). However, the current and former death rates are directly comparable.

RELATIVE CHANGES IN BIRTHWEIGHT-SPECIFIC MORTALITY

For the two time periods used in this study, Table 1 shows total and birthweight-specific death rates and percent changes by race.

For all birthweights combined, whites experienced the greater percentage reductions in fetal and neonatal

mortality while nonwhites experienced the greater percentage decline in postneonatal death. As a result, the racial gap has narrowed only in the case of postneonatal death where the nonwhite/white death rate ratio has declined about eight percent.

Over the past decade, both whites and nonwhites generally experienced substantial declines in mortality in all birthweight categories. One exception is observed—the postneonatal death rate of white infants weighing 1500-2499 grams increased 26 percent and now exceeds the rate for nonwhites. A possible factor may be, as later shown, a dramatic rise in births to unmarried white women. These women appear vulnerable to postneonatal loss.

Further examining Table 1, lower nonwhite than white death rates are observed in the case of fetal mortality under 1500 grams and neonatal and postneonatal mortality at 1500-2499 grams. A possible explanation is that, compared to whites, low-weight nonwhite

infants tend to be of higher gestational age with greater survival potential.

Among normal-birthweight infants (2500+ grams), declines in white and nonwhite mortality have been about equal. The nonwhite postneonatal death rate remains especially high among these higher-weight infants.

As these changes have occurred, it is noteworthy that the percentage of newborns weighing under 2500 grams changed very little between 1977-81 and 1988-91. It remained unchanged at 6.1 for whites while rising from 11.9 to 12.4 for nonwhites.

Except for postneonatal mortality among higherweight infants, the birthweight-specific death rates of white and nonwhite infants are not very different (Table 1). Thus, it is the continued two-fold increased rate of low-weight births that contributes to much of the overall higher rate of infant death among nonwhites.

TABLE 1

Fetal, Neonatal, and Postneonatal Death Rates with Percent Changes by Race and Birthweight

North Carolina 1977-81 and 1988-91

			Whites			Nonwhites	
Birthweight (Grams)	Death <u>Rate</u>	<u>1977-81</u> *	1988-91	Percent Change	<u>1977-81</u> *	1988-91	Percent Change
TOTAL	Fetal	8.6	6.6	-23.3	15.6	13.0	-16.7
	Neonatal	8.1	5.5	-32.1	14.7	11.8	-19.7
	Postneonatal	3.3	2.8	-15.2	6.5	5.1	-21.5
Under 1500	Fetal	284.1	244.5	-13.9	266.8	219.8	-17.6
	Neonatal	455.8	306.4	-32.8	422.7	318.9	-24.6
	Postneonatal	56.8	38.2	-32.7	74.9	47.5	-36.6
1500-2499	Fetal	30.3	19.4	-36.0	30.8	20.8	-32.5
	Neonatal	27.7	14.1	-49.1	18.2	10.4	-42.9
	Postneonatal	9.2	11.6	+26.1	12.7	9.8	-22.8
2500+	Fetal	3.1	1.8	-41.9	3.7	2.3	-37.8
	Neonatal	2.3	1.4	-39.1	2.6	1.6	-38.5
	Postneonatal	2.6	2.1	-19.2	4.7	3.7	-21.3

^{*}Postneonatal deaths cover only the four years 1978-81.

MATERNAL SOCIODEMOGRAPHIC RISK FACTORS

The analyses below examine race-specific changes in the distribution of live births according to maternal characteristics recorded on the birth certificate and changes in the race-specific fetal, neonatal, and postneonatal mortality risks associated with the maternal risk factors. Detailed tables for the 1988-91 period are provided in Appendix A, where a fifth table combines the neonatal and postneonatal deaths to present data for total infant deaths. This infant death table was not available before 1988-91.

Live Births

Between 1981 and 1991, the number of white and nonwhite live births each rose about 22 percent, to 69,233 and 33,076 respectively. These were among the highest numbers recorded in North Carolina since 1964. At the same time, the crude birth rates increased for both race groups, by seven percent for whites and by 10 percent for nonwhites.

The 1981-1991 numerical increase in live births involved all sociodemographic categories of births except nonwhite mothers of low education, married non-

white mothers, and white and nonwhite mothers who previously had a live born child who died.

In the face of these numerical increases, what has happened to the percentages of births according to maternal age, marital status, and other factors that influence birth outcome? For each of the eight risk factors previously identified, Table 2 examines the racespecific changes.

For each race group, the percentage of mothers having one or more of the eight risk factors increased over the 1981-91 decade, due in part to the increase in births to unmarried women. The percentage unwed more than doubled for whites while rising by more than one-third for nonwhites. These increases may be explained by an increasing birth rate among unmarried women, an increasing number of unmarried women in the population, or a combination of these factors.

For each race group, the percentage of births to older mothers also rose substantially between 1981 and 1991, more than doubling among white mothers. As a result, older age is found to be more prevalent among whites (8%) than nonwhites (5%).

TABLE 2

Percentage of Live Births in Each Risk Group with Percent Changes by Race and Maternal Risk Factor

North Carolina 1981 and 1991

		Whites	Damant	N	Nonwhites	Percent
Risk Factor	<u>1981</u>	<u>1991</u>	Percent Change	<u>1981</u>	1991	Change
Age under 18 years	4.9	4.2	-14.3	11.9	10.5	-11.8
Age 35 or more years	3.8	8.1	+113.2	3.6	5.0	+38.9
Education under 9 years	3.9	3.6	-7.7	4.8	3.4	-29.2
Education 9-11 years	20.3	16.6	-18.2	31.6	26.1	-17.4
Unmarried	6.5	16.0	+146.2	46.4	64.2	+38.4
Birth Order 4 or more	9.1	12.8	+40.7	17.3	20.2	+16.8
Previous Pregnancy Termination'	*	24.6			27.0	
Previous Live Born Now Dead	2.0	1.5	-25.0	3.7	2.2	-40.5
One or more of above	42.9	52.5	+22.4	72.2	81.9	+13.4
Total Live Births	56,756	69,233	+22.0	26,996	33,076	+22.5

^{*}See Operational Definitions, page 13. Prior to 1988, induced abortions were not reportable in previous pregnancy termination, so the 1981 data and percent changes are omitted.

For each race group, percentages for birth order 4 or more also rose between 1981 and 1991. These increases occurred largely since implementation of the new birth certificate in 1988 and thus may partly represent a reporting artifact. Whereas induced abortions formerly were not reportable in pregnancy history, the new certificate asks for the numbers of previous live births and "other terminations," the latter to include "spontaneous and induced at any time after conception." As a result, data on previous pregnancy termination and birth order are not strictly comparable between the time periods examined in this report.

Meanwhile, the white and nonwhite percentages for young age, low education, and previous live born now dead (PLBND) all declined over the last decade. The finding for PLBND may relate directly to some later results of this study.

Note: Since fetal deaths represent only about 0.7 percent of white deliveries and 1.3 percent of nonwhite deliveries, the above changes in the maternal characteristics of "live births" may be considered to apply to "deliveries" as well.

Birth Outcomes

- Tables A.2 - A.4 of Appendix A show by race and maternal characteristic the state's 1988-91 fetal, neonatal, and postneonatal death rates. Based on these rates and corresponding rates from a decade ago, Tables 3-5 of the text compare relative risks and those changes over time for the sociodemographic risk factors. The relative risk (RR) is the death rate among mothers with a given risk factor divided by the death rate for mothers without the risk factor (the "referent" group) as specified in table notes. It is an indicator of the strength of the association between the risk factor and subsequent mortality.

From Tables 3-5, these major findings are apparent:

Fetal Mortality (Table 3)

- For each race group, the relative risk of fetal death among mothers aged 35+ has declined, although older age is still a strong risk factor for nonwhite fetal death.
- Among whites, the RR for age under 18 has increased.

TABLE 3
Relative Risk of Fetal Death¹ with Percent Changes
by Race and Maternal Risk Factor
North Carolina 1977-81 and 1988-91

		Whites			Nonwhite	es
Risk Factor	1977-81	1988-91	Percent <u>Change</u>	1977-81	1988-91	Percent Change
Age under 18 years ²	1.29	1.60	+24.0	1.16	1.08	-6.9
Age 35 or more years ²	1.88	1.31	-30.3	1.89	1.59	-15.9
Education under 9 years ³	1.57	1.75	+11.5	1.27	1.16	-8.7
Education 9-11 years ³	1.32	1.23	-6.8	1.05	1.04	-1.0
Unmarried ⁴	1.66	1.62	-2.4	1.24	1.31	+5.6
Birth Order 4 or more ⁵	1.21	1.23	+1.7	1.19	1.08	-9.2
Previous Pregnancy Termination ⁶	_	1.42	_		1.41	_
Previous Live Born Now Dead ⁷	1.58	4.50	+184.8	1.61	3.43	+113.0
One or more of above ⁸	1.53	1.75	+14.4	1.58	1.65	+4.4

¹Relative risk is the death rate for a risk factor divided by the death rate for a referent group, for example, death rates for mothers under 18 and 35 or more are each divided by the death rate for mothers 18-34.

²Referent group - mothers aged 18-34.

³Referent group - education 12+ years.

⁴Referent group - married mothers.

⁵Referent group - birth order = 1.

⁶Referent group - no previous pregnancy termination. Data for 1977-81 are not comparable.

⁷Referent group - no previous live born now dead.

⁸Referent group - none of the above risk factors.

- The RR for mothers with a previous live born infant now dead has increased substantially, making it the strongest risk factor for fetal death.
- For nonwhites, the RR for birth order 4 or more has declined.

Neonatal Mortality (Table 4)

- For whites, the relative risk of neonatal death among mothers with education under 9 years has increased.
- For nonwhites, the relative risks associated with older age and high birth order have risen.
- For both race groups, the RR for history of a previous live born infant now dead has increased, making it the strongest risk factor.

Postneonatal Mortality (Table 5)

- For both races in 1978-81, the relative risk for mothers aged 35+ was lower than that for mothers aged 18-34. In 1988-91, however, there was essentially no difference in risk between the two groups.
- For whites, the RR for mothers with education under 9 years or history of a previous live born infant now dead has declined.
- For nonwhites, the RR associated with birth order 4 or more or history of a previous live born infant now dead has increased.
- Low education remains a strong risk factor for postneonatal death for both race groups, as do unmarried, young maternal age, and high birth order among whites. Among nonwhites, history of a previous live born infant now dead and high birth order are strong risk factors.

TABLE 4

Relative Risk of Neonatal Death¹ with Percent Changes by Race and Maternal Risk Factor

North Carolina 1977-81 and 1988-91

		Whites	D		Nonwhite	
Risk Factor	1977-81	<u>1988-91</u>	Percent <u>Change</u>	1977-81	1988-91	Percent Change
Age under 18 years ²	1.73	1.85	+6.9	1.25	1.24	-0.8
Age 35 or more years ²	1.27	1.10	-13.4	1.01	1.36	+34.7
Education under 9 years ³	1.51	1.71	+13.2	1.34	1.42	+6.0
Education 9-11 years ³	1.43	1.49	+4.2	1.12	1.10	-1.8
Unmarried ⁴	1.77	1.72	-2.8	1.21	1.27	+5.0
Birth Order 4 or more ⁵	1.36	1.43	+5.1	1.38	1.71	+23.9
Previous Pregnancy Termination ⁶	_	1.31			1.64	Water Park
Previous Live Born Now Dead'	3.12	4.21	+34.9	2.60	4.32	+66.2
One or more of above8	1.65	1.62	-1.8	1.57	1.8	+18.5

Relative risk is the death rate for a risk factor divided by the death rate for a referent group, for example, death rates for mothers under 18 and 35 or more are each divided by the death rate for mothers 18-34.

²Referent group - mothers aged 18-34.

³Referent group - education 12+ years.

⁴Referent group - married mothers.

⁵Referent group - birth order = 1.

⁶Referent group - no previous pregnancy termination. Data for 1977-81 are not comparable.

⁷Referent group - no previous live born now dead.

⁸Referent group - none of the above risk factors.

TABLE 5

Relative Risk of Postneonatal Death¹ with Percent Changes by Race and Maternal Risk Factor
North Carolina 1978-81 and 1988-91

		Whites	Percent	Nonwhite	es	D
Risk Factor	<u>1978-81</u>	1988-91	Change	1978-81	1988-91	Percent Change
Age under 18 years ²	2.00	1.93	-3.5	1.40	1.18	-15.7
Age 35 or more years ²	.71	1.04	+46.5	.71	1.02	+43.7
Education under 9 years ³	3.46	2.41	-30.3	2.36	1.73	-26.7
Education 9-11 years ³	2.13	2.36	+10.8	2.16	1.55	-28.2
Unmarried⁴	2.06	1.96	-4.9	1.42	1.41	-0.7
Birth Order 4 or more ⁵	1.57	1.83	+16.6	1.23	1.79	+45.5
Previous Pregnancy Termination ⁶		1.19			1.02	
Previous Live Born Now Dead?	2.00	1.46	-27.0	1.45	1.90	+31.0
One or more of above ⁸	2.24	2.29	+ 2.2	1.88	1.41	-25.0

¹Relative risk is the death rate for a risk factor divided by the death rate for a referent group, for example, death rates for mothers under 18 and 35 or more are each divided by the death rate for mothers 18-34.

For all outcome groups, the RR associated with being unmarried has changed very little, and it remains a major risk factor for whites only.

By far the greatest change in maternal risk is in the increased RR associated with previous live born infant now dead. For both race groups, it is the strongest risk factor for fetal and neonatal mortality. This occurs as the number and percentage of births in this category have declined. It may be that, following recent reductions in infant mortality, there remains a high-risk group of women among whom repeat fetal and infant mortality is relatively likely. This suggests the need for more intensive preconceptional counseling and risk-appropriate prenatal care among women with previous infant deaths.

MEDICAL RISK FACTORS

In 1992, Buescher³ reported on a 1989 follow-back study to assess the accuracy of data recorded on the North Carolina birth certificate, particularly those data

items added in 1988. A copy of the lower section of the birth certificate, which contains most of the new items, is shown in Appendix C.

Comparing birth certificates to maternal hospital records, results showed that reporting was very accurate for birthweight, Apgar score, and method of delivery; fair to good for tobacco use, prenatal care, weight gain during pregnancy, obstetrical procedures, and events of labor and delivery; and poor for medical history, alcohol use, conditions of the newborn, and congenital anomalies. The report suggested grouping birth certificate items into larger categories (e.g., use trimester rather than exact month prenatal care began) to improve accuracy.

Following deliberations with experts in the maternal and child health field, this report presents tables using a selected set of medical risk factors. These tables are formatted exactly the same as those displaying maternal sociodemographic characteristics and include

²Referent group - mothers aged 18-34.

³Referent group - education 12+ years.

⁴Referent group - married mothers.

⁵Referent group - birth order = 1.

⁶Referent group - no previous pregnancy termination. Data for 1978-81 are not comparable.

⁷Referent group - no previous live born now dead.

⁸Referent group - none of the above risk factors.

the same outcomes (live births and fetal, neonatal, and postneonatal deaths). A fifth table combines the neonatal and postneonatal components to present data for total infant deaths.

The detailed tables for the 1988-91 period are found in Appendix B. Operational definitions and the death rate formulas applied to these data are given on pages 13 and 14.

Live Births

As shown in Table B.1 (Appendix B), nonwhite mothers delivering during 1988-91 appeared more likely than whites to have less-than-adequate prenatal care, to deliver in a Level III hospital, to gain fewer than 15 pounds during pregnancy, and to have anemia. They were somewhat more likely to have one or more medical risk factors and to experience a complication of labor and/or delivery. White mothers, on the other hand, were reportedly more likely to have smoked and to have had diabetes than nonwhites.

In considering the medical conditions data (table items 7-10), the reader should keep in mind that the 1989 follow-back study revealed poor reporting on birth certificates compared to hospital records. Further, hospital records themselves may be incomplete due to late or no prenatal care. Thus, underreporting of medical conditions as well as smoking and use of alcohol may be greater for nonwhites since they are more likely than whites to receive late or no prenatal care.

The finding that a higher percentage of nonwhites deliver in Level III hospitals may be due, in part, to the referral of medically high-risk women to those medical centers through the state's perinatal regionalization program.⁴ Also, nonwhite mothers' greater tendency to gain fewer than 15 pounds may reflect the higher rate of preterm births among nonwhites (less time to gain the weight). An indicator of weight gain appropriate for gestational age would be a better measure, particularly in relation to the mortality results that follow. This matter is discussed under "Weight Gain During Pregnancy" on page 10.

Birth Outcomes

Using the death rates from Tables B.2-B.4 of Appendix B, Table 6 of the text shows relative risks for fetal, neonatal, and postneonatal death by race and category of medical risk. As before, the relative risk

(RR) is the death rate for mothers with a given risk factor divided by the death rate for a referent group as specified in table notes. It is an indicator of the strength of the association between a risk factor and mortality.

From Table 6, the following findings appear most notable:

Fetal Mortality — The Kessner Index for adequacy of prenatal care was not computed for fetal deaths because it is based on gestation and many fetal deaths occur well before delivery.

The relative risk associated with Cesarean delivery appears to suggest a strong protective effect for fetal death among women delivering by C-section. However, this low risk is due to circumstances related to the clinical management of stillborn infants rather than an indication of a causal association.

For both race groups, the strongest risk factor for fetal death is low weight gain, due in part to the gestation and death-to-delivery biases discussed on page 10. Meanwhile, maternal health conditions and complications of labor/delivery are associated with an increased risk of fetal death.

Neonatal Mortality—For both race groups, maternal anemia, diabetes, and hypertension are each associated with RRs of 1.0 or less. Possible explanations are: a) women having these conditions receive overall better prenatal care and/or delivery in a tertiary center, which lead in turn to greater neonatal survival; b) there are other confounding factors such as higher birthweights among infants of diabetic mothers and lower risk of hypertension among smoking mothers; and c) rates based on such small numbers of deaths are subject to large random error. C-section also is shown not to be a risk factor for nonwhite neonatal death.

For both race groups, neonatal mortality appears especially great in the presence of low weight gain, due in part to the gestation bias discussed later in this report. Inadequate prenatal care, the presence of one or more medical conditions, and complications of labor/delivery are also associated with high neonatal mortality risk. As expected from referral patterns, infants born in Level III hospitals also experience high neonatal mortality since a disproportionate number of high-risk babies are delivered in these hospitals. However, it has been shown that neonatal mortality is lower among low-weight infants delivered in Level III hospitals than those born elsewhere.⁵

TABLE 6

Relative Risk of Fetal, Neonatal, and Postneonatal Death¹ by Race and Medical Risk Factor North Carolina 1988-91

		Wh	ites	Nonwhites					
Risk Factor	<u>Fetal</u>	Neonatal	Postneonatal	<u>Fetal</u>	Neonatal	<u>Postneonatal</u>			
Intermediate Prenatal Care ²	N.A.	1.29	1.83	N.A.	.96	1.31			
Inadequate Prenatal Care ²	N.A.	2.96	2.78	N.A.	2.35	1.88			
Level III Hospital ³	1.18	1.88	1.15	1.06	1.88	1.39			
Mother Smoked ⁴	1.32	1.34	2.48	1.21	1.18	1.93			
C-Section ⁵	.39	1.36	1.48	.30	.86	1.31			
Weight Gain under 15 pounds ⁶	7.90	7.69	1.81	5.11	6.00	1.76			
Maternal Anemia ⁷	1.43	1.04	1.71	1.21	.72	1.20			
Maternal Diabetes8	1.17	.94	1.11	1.38	.94	.69			
Maternal Hypertension ⁹	1.59	.93	1.04	1.59	.65	1.24			
Any Maternal Medical Risk Factor ¹⁰	2.12	2.58	1.46	1.81	2.09	1.43			
Complication(s) of									
Labor/Delivery ¹¹	2.44	3.68	1.36	2.33	3.43	1.38			

¹Relative risk is the death rate for a risk factor divided by the death rate for a referent group, for example, death rates for mothers with intermediate and inadequate prenatal care are each divided by the death rate for mothers with adequate care.

Postneonatal Mortality—Inadequate prenatal care, maternal smoking, and low weight gain are strong risk factors for both white and nonwhite postneonatal death. Intermediate prenatal care is a stronger risk factor for whites than for nonwhites.

Comparisons *among* the three outcome groups further reveal the following:

- Low weight gain is a much stronger risk factor for fetal and neonatal mortality than for postneonatal death.
- One or more maternal medical risk factors and complications of labor/delivery are associated especially with an increased risk for both fetal and neonatal death.
- Delivery at a Level III hospital is associated with a greater likelihood of neonatal than of fetal or postneonatal death.
- Maternal smoking is more strongly associated with postneonatal death than with fetal or neonatal death.

²Referent group - mothers with adequate prenatal care.

³Referent group - not a Level III hospital.

⁴Referent group - mothers who did not smoke.

⁵Referent group - not a C-Section delivery.

⁶Referent group - weight gain 15 or more pounds.

⁷Referent group - mothers without anemia.

⁸Referent group - mothers without diabetes.

⁹Referent group - mothers without hypertension.

¹⁰Referent group - mothers with no medical risk factor.

¹¹Referent group - mothers without a complication of labor/delivery.

Weight Gain During Pregnancy

Since fetal and infant deaths are often associated with preterm delivery, those mothers would have less chance than others to gain 15 pounds. Thus, Item 6 of the Appendix B tables should be modified to reflect the gestation-specific *adequacy* of weight gain rather than total weight gain. Even then, the fetal death rate for inadequate gain may be biased upward due to a time lag between fetal death and delivery during which a woman may be unlikely to gain additional weight.

From the Institute of Medicine, the chart of Appendix D shows recommended levels of weight gain for normal-weight women. Applying these criteria to the 1988-91 statewide data, Table 7 shows the relative risks for fetal, neonatal, and postneonatal mortality among mothers whose weight gain was less than adequate. Less-than-adequate gain is clearly a risk factor for fetal and neonatal death, although this relative risk is much smaller than that for weight gain under 15 pounds (Table 6), due to the adjustment for gestational age.

- Notes: 1) Due to cases of unknown weight gain or unknown/implausible gestation, the percentage of births with unknown adequacy of weight gain is high—six percent for whites and eight percent for nonwhites. Among these births, the death rates are very high.
 - 2) The recommended weight gain at term is 25 pounds. Under 15 pounds is used here as a very high-risk category.

MAJOR FINDINGS

- The postneonatal death rate of white infants weighing 1500-2499 grams at birth has increased, but the numerical increase is only 32 deaths more than expected during the 1988-91 period (applying the 1977-81 death rate).
- Fetal mortality under 1500 grams and neonatal and postneonatal mortality at 1500-2499 grams are higher for whites than nonwhites.
- For both race groups, the percentage of newborns weighing under 2500 grams has changed very little over the last decade.
- The number of white and nonwhite live births each rose about 22 percent between 1981 and 1991 with large increases among unwed and older mothers. The number and percentage of mothers with history of a previous live born now dead declined.
- Following some rather substantial changes in the relative risk associated with several sociodemographic risk factors, maternal history of a previous live born now dead is now the strongest risk factor for fetal and neonatal mortality and nonwhite postneonatal mortality.
- Low education is strongly associated with both white and nonwhite postneonatal mortality.

TABLE 7

Relative Risk of Fetal, Neonatal, and Postneonatal Death* by Race and Weight Gain North Carolina 1988-91

and the second second second		Whites			Nonwhites	
Weight Gain	<u>Fetal</u>	<u>Neonatal</u>	Postneonatal	Fetal	Neonatal	Postneonatal
Less than Adequate	2.33	2.31	1.64	1.96	1.88	1.46

^{*}Relative risk is the death rate for mothers with less than adequate weight gain divided by the death rate for mothers with adequate weight gain. Adequate gain is the range denoted by the minimum and maximum amounts of Appendix D.

- Although the number and percentage of births to unmarried mothers has increased for both race groups, the relative risk for this factor has changed little. It remains a strong risk factor for whites only.
- Based on 1988-91 birth certificates, nonwhite mothers tend to have medical risk factors more often than
 do white mothers. Exceptions are that white mothers
 are reportedly more likely to smoke and to have
 diabetes than nonwhites.
- Inadequate prenatal care and less-than-adequate weight gain during pregnancy are strongly associated with both white and nonwhite mortality.
- The presence of one or more maternal medical risk factors and complications of labor/delivery are generally strong risk factors. Taken alone, however, maternal anemia, diabetes, and hypertension were not associated with an increased risk for neonatal mortality.
- Maternal smoking is strongly associated with white and nonwhite postneonatal mortality.

DISCUSSION

The size and mix of North Carolina's annual birth population has changed considerably over the past decade to include more births in most sociodemographic categories. As these changes have occurred, the relative risk for infant mortality associated with some of these factors has also changed.

Despite this, all eight of the traditional sociodemographic risk factors are still associated with elevated risk of fetal, neonatal, and/or postneonatal loss. Likewise, for one or more of these types of deaths, the medical risk factors examined in this study are associated with elevated risk.

A concern arising from this study is the recent increase in the postneonatal mortality of white infants weighing 1500-2499 grams at birth. A special study of the factors surrounding this increase may not be warranted because of the small numbers involved; however, it should be noted that being unmarried remains a major risk factor for white postneonatal death and births to unmarried white mothers are increasing. The number nearly tripled while the percentage more than doubled between 1981 and 1991.

In a 1985 study of the sociodemographic risk factors, ⁶ Symons expressed concern for the rising trend in births to older white women, older age being a strong risk factor for fetal mortality. By the current time, however, the mix of older white mothers appears to have changed since older age is now associated with only a 30 percent increase in risk among whites.

Based on a previous study³ and some current results, the reporting of maternal health conditions on birth certificates may be poor. In order to improve the quality of these data, the State Center is planning to link birth certificates to hospital discharge records. Deficient reporting will still occur in some cases, however. For example, late or no prenatal care and other intervening factors may prevent accurate reporting of this information on computerized maternal hospital records.

Another word of caution is that the death rates and relative risks in this report may over- or under-state the true magnitude of risk for an individual factor since other variables are not simultaneously controlled. For example, the infant death rate is lower for women with "adequate" prenatal care, but not all of this difference is due to prenatal care per se. Women with adequate prenatal care are also at lower risk, on average, for other factors associated with infant death. Multivariate analyses are needed to better assess the independent effect of individual risk factors.

It is also important to note that the number of deaths associated with a risk factor is sometimes small. For example, among infants born in 1991, only 60 out of 715 neonatal deaths (8%) involved a maternal history of previous live born now dead; only 10 out of 339 postneonatal deaths (3%) involved maternal anemia. Thus, mortality reductions in a particular high-risk category may only minimally affect the statewide death rate. A measure known as "attributable risk" combines the relative risk with the prevalence of the risk factor to determine the proportion of the adverse outcome that is attributable to an exposure (such as a risk factor).7 It is recommended that attributable risk analyses be applied to the results of the multivariate analyses suggested above in order to assess the "public health significance" of each risk factor.

REFERENCES

- (1) Scurletis, T.D., C.D. Turnbull, and D.C. Corkey. "High-Risk Indicators of Fetal, Neonatal, and Postneonatal Mortality," *North Carolina Medical Journal*. March 1973.
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- (6) N.C. Department of Human Resources, State Center for Health Statistics. "Maternal and Child Health Statistics in North Carolina, 1969-73 through 1979-83," SCHS Studies, No. 36. July 1985.
- (7) Surles, Kathryn B. and Michael J. Symons. "The Measurement of Attributable Risk: A Useful Tool for Health Administrators," *SCHS Statistical Primer*, No. 8, Raleigh: N.C. Department of Human Resources. October 1986.

OPERATIONAL DEFINITIONS (in alphabetical order)

Birth Order: The sum of mother's previous live births and still births (any gestational age) plus one for the present birth. Effective with the 1988 revised birth certificate, previous induced abortions are included.

C-Section: Response 03 or 04 (primary or repeat Cesarean section) in Item 41 of the birth certificate (Appendix C).

Complications of Labor and/or Delivery: Any response except 00 (None) in Item 40 of the birth certificate (Appendix C).

Fetal Death: Death prior to complete expulsion or extraction from its mother of the product of conception. This report shows only registered fetal deaths (stillbirths) of 20 or more weeks gestation that were not recorded as induced abortions.

Hospital Level: The state's Perinatal Care Program classifies hospitals into three levels of care, Level III being the highest.

Levels are based on such determinants as staffing complement, equipment, ancillary services, and facilities available for perinatal purposes. There are no Level III military and federal hospitals. Level III hospitals are also referred to as tertiary centers.

Infant Death: Death of a liveborn child under one year of age (neonatal plus postneonatal deaths).

Live Birth: The complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy, which after such expulsion or extraction, breathes or shows any other evidence of life, whether or not the umbilical cord has been cut.

Maternal Anemia: Response 01 in Item 38a of the birth certificate (Appendix C).

Maternal Diabetes: Response 04 in Item 38a of the birth certificate (Appendix C).

Maternal Hypertension: Response 08 or 09 (chronic or pregnancy-associated hypertension) in Item 38a of the birth certificate (Appendix C).

Maternal Medical Risk Factors: Any response except 00 (None) in Item 38a of the birth certificate (Appendix C).

Mother Smoked: Based on "Yes" response to "tobacco use during pregnancy" in Item 38b of the birth certificate (Appendix C).

Neonatal Death: Death of a liveborn child under 28 days of age.

Postneonatal Death: Death of a liveborn child of 28 days to one year of age.

Prenatal Care: The categorical index of a woman's quantity of prenatal care (Kessner Index) is based on three variables:

- 1. Trimester of first prenatal visit
- 2. Number of prenatal visits
- 3. Number of weeks gestation at delivery

Criteria used to determine a woman's adequacy of prenatal care participation are available from the State Center.

Previous Pregnancy Termination: One or more previous abortions or stillborn infants (any gestational age). This includes induced abortions since 1988.

Unmarried: Mother has never been legally married or has been widowed or legally divorced for longer than 280 days at the time of delivery.

Weight Gain: Number of pounds reported in Item 38b of the birth certificate (Appendix C).

FORMULAS FOR THE DEATH RATES

Mortality measures are calculated by the formulas below. The numerator is the number of deaths among infants born during the four-year period.

Four-year fetal mortality risk (death rate)	Four-year number of fetal deaths Four-year number of live births plus the four-year number of fetal deaths	X 1,000
Four-year neonatal mortality risk (death rate)	Four-year number of neonatal deaths Four-year number of live births	X 1,000
Four-year postneonatal mortality risk (death rate)	Four-year number of postneonatal deaths Four-year number of live births minus the four-year number of neonatal deaths	X 1,000
Four-year infant mortality risk (death rate)	Four-year number of infant deaths Four-year number of live births	X 1,000

APPENDIX A

ANNUAL AND FOUR-YEAR LIVE BIRTHS

1991 AND 1988-91

NORTH CAROLINA

BECTBENT		т	0 T A I		i.i.	HTTE		NONWHITE ANNUAL MULTI-YEAR			
RESIDENT		ANIMITAL	MILTE	VEAD	ABINITAL	MIII TI	VEAD	ANDULAL	M II I	L-VEAD	
		ANNUAL	MOLII	TEAR	ANNUAL	HOLII	TEAR	ANNUAL	HUL I	I-YEAR	
BIRTHS		NUMBER	NUMBER	RATE*	NUMBER	NUMBER	RAIE*	NUMBER	MOWREK	RAIE*	
		100700	60/700	300 0	(0077	274720	3000	33076	171470	100 0	
1. TOTAL		102307	400377	100.0	67233	2/4/20	100.0	33076	1310/7	100.0	
OCCUR. IN STAT	F	101115	401540	98.8	68289	270843	98.6	32826	130697	99.3	
OCCUR. OUT OF	STATE	1194	4859	1.2	944	3877	1.4	250	982	0.7	
OCCON. OUT OF	DIALL	11/1	1057			00,,		230	/		
2. BIRTHWEIGHT											
UNOER 1500 GRA	MS	1713	6682	1.6	756	2944	1.1	957	3738	2.8	
1500-2499 GRAM	S	6902	26391	6.5	3669	13785	5.0	3233 28853	12606	9.6	
2500+ GRAMS		93628	372959	91.8	64775	257775	93.8	28853	115184	87.5	
UNKNOWN		66	367	0.1	33	216	0.1	33	151	0.1	
MATERNAL C	HAF	RACTE	RIST	ICS							
3. AGE											
		,					, .			30 -	
UNOER 18 YEARS 18-34 YEARS	(A)	6399	25126	6.2	2926	11354	4.1	3473	13772	10.5	
18-34 YEARS		88541	353419	87.0	60620	242295	88.2	27921	111124	84.4	
35+ YEARS UNKNOWN	(B)	7235	26230	6.5	5581	19847	7.2	1654	6383	4.8	
UNKNOWN		134	1624	0.3	106	1224	0.5	28	400	0.3	
4. EDUCATION											
								/			
UNOER 9 YEARS 9-11 YEARS	(C)	3583	13655	3.4	2467	9087	3.3	1116	4568	3.5	
9-11 YEARS	(D)	20141	79829	19.6	11498	45696	16.6	8643	34133	25.9	
12+ YEARS		78422	312276	76.8	55177	219592	79.9	23245	92684	70.4	
UNKNOWN		163	639	0.2	91	345	0.2	23245	294	0.2	
5. UNMARRIED											
									705//		
YES	(E)	32327	116948	28.8	11088	37402	13.6	21239	79546	60.4	
NO		69968	289413	71.2	58136	237294	86.4	11832	52119	39.6	
YES NO UNKNOWN		14	38	0.0	9	24	0.0	5	14	0.0	
6. BIRTH OROER											
,		7/107	167(01	7/ 7	2504.0	106907	70 2	10349	62706	32 6	
1		56197	14/601	36.3	25040	17/05/	60.7	10347	42/04	49.2	
2-3	(5)	50440	199942	49.2	34442	136454	12.0	15998 6670	25227	10.2	
4+ UNKNOWN	(1)	15534	50165	14.5	8864	32730	0.1	59	25221	0.2	
UNKNOWN		158	691	0.2	19	451	0.1	37	200	0.2	
7. PREVIOUS PREGNA	NCV TE	COMTNATIO	181								
7. TREVIOUS TREGITA	INCT IL	LIMITIATIO									
YES	(G)	25960	96921	23.8	17044	63760	23.2	8916	33161	25.2	
NO	, ,		309082			210711			98371		
NNKNOMN		68	307082		38			30	147		
OTT. TOTAL		00	3,0		50	/					
8. PREVIOUS LIVE B	ORN NO	OW DEAD									
YES	(H)	1741	7467	1.8	1011	4254	1.5	730	3213	2.4	
NO			398510			270209			128301	97.4	
UNKNOWN		92	422	0.1	54	257		38	165	0.2	
= · · · · = · · · · ·											
9. ANY ONE OR MORE											
(OF A THRU H)		63433	242021	59.6	36354	137408	50.0	27079	104613	79.4	

^{*} SEE DEFINITIONS AND FORMULAS.

ANNUAL AND FOUR-YEAR FETAL DEATHS

1991 AND 1988-91

NORTH CAROLINA

FE	S I D E N E T A L E A T H S	T		T O ANNUAL NUMBER	MULTI	-YEAR RATE*	ANNUAL NUM8ER	H I T E MULTI NUMBER	-YEAR	ANNUAL	W H I T MULTI NUMBER	-YEAR
1.	TOTAL			884	3566	8.7	465	1826	6.6	419	1740	13.0
	OCCUR. IN	STATE	1	873	3520	-	460	1803	-	413	1717	-
	OCCUR. OU	T OF S	STATE	11	46	-	5	23	-	6	23	-
2.	BIRTHWEIGH	īT .										
	UNDER 150	n GRAI	15	531	2006	230.9	245	953	244.5	286	1053	219.8
	1500-2499	GRAMS	S	129	541 726	20.1	69 116 35	273	19.4	60	268	20.8
	2500+ GRA	115		158	726	1.9	116	464	1.8	42	262	2.3
	UNKNOWN			66	293	-	35	136	•	31	15/	
М	ATERNA	LC	HAR	ACTE	RIST	ICS						
3.	AGE											
	UNDER 18	YEARS	(A)	62	300 2901	11.8	20	114	9.9	42	186	13.3
	18-34 YEA	RS		729	2901	8.1	394	1515	6.2	335	1386	12.3 19.5
	35+ YEARS	5	(B)	86	290	10.9				37 5		
	UNKNOWN			7	75	-	2	. 54		5	71	
4.	EDUCATION											
	UNDER 9 Y	EARS	(C)	32	162	11.7	23	96	10.5	9 107 271	66	14.2 12.7
	9-11 YEAR		(D)	182	779	9.7	7!	340	6.0	271	1160	12.2
	12+ YEARS UNKNOWN	5		620 50	2458 167	7.8						
5.	UNMARRIED											
	YES		(E)	373	1535	13.0		1 375		282		
	NO			510	2028	7.0	37					11.0
	UNKNOWN			1	. 3	-		1 1	-	0	2	
6.	BIRTH ORDE	ER										
	1			304	1245	8.4	17	8 677		126		13.1
	2-3			399	1612	8.0	21			188	765	11.9
	4+		(F)	153				_			363	14.2
	NNKNOMN			28	83	-	1	3 39	-	15	44	
7.	PREVIOUS	PREGNA	NCY T	ERMINATI	ON							
	YES		(G)	292	1093	11.2	13			155		
	NO			569	2407	7.7	31			252		11.6
	UNKNOWN			23	66	-	1	1 2	-	12	37	_
8	. PREVIOUS	LIVE E	BORN N	OW DEAD								
	YES		(H)	61	261	33.8	3	0 12				41.5
	NO			804			42					
	UNKNOWN			19	50	-		7 2	0 -	12	30	, -
9	. ANY ONE O	R MORE	E									
	(OF A TH	RU H)		662	2670	10.9	29	3 116	5 8.4	369	150	14.2

^{*} SEE DEFINITIONS AND FORMULAS.

ANNUAL AND FOUR-YEAR NEONATAL DEATHS

1991 AND 1988-91

NORTH CAROLINA

R	ESIDENT		T O	TAL		W H	ITE		нои	WHII	E
N	EONATAL		ANNUAL	MULTI	-YEAR	ANNUAL	MULTI	-YEAR	ANNUAL	MULTI	-YEAR
	EATHS		NUMBER	NUMBER	RATE*	NUMBER	NUMBER	RATE*	NUMBER	NUMBER	
_											
1.	TOTAL		715	3050	7.5	347	1499	5.5	368	1551	11.8
	DIOTU TH CTATE		705	0000					_ ;.		
	BIRTH IN STATE	***	705	2998	-	341					-
	BIRTH OUT OF S	IAIE	10	52	-	6	36	- 15 11	4	16	-
2	BIRTHWEIGHT										
٠.	DIKIMELOM										
	UNDER 1500 GRA	MS	472	2094	313.4	202	902	306 4	270	1192	318 9
	1500-2499 GRAM	S	79	326	12.4	50	195	14.1	29	131	10.4
	2500+ GRAMS		144	554	1.5	86	366	1.4	58	188	1.6
	1500-2499 GRAM 2500+ GRAMS UNKNOWN		20	76		9	36	-	11	40	-
M	ATERNAL C	HAR	ACTE	RISI	ICS						
3.	AGE										
	UNDER 18 YEARS 18-34 YEARS	(A)	59	300	11.9	15	109	9.6	44	191	13.9
	18-34 YEARS		606	2507	7.1	303	1258	5.2	303	1249	11.2
	35+ YEARS		50	211	8.0		114	5.7	21	97	
	UNKNOWN		0	32	-	0	18	-	0	14	-
6	EDUCATION										
4.	EDUCATION										
	HINDED O VEADS	(0)	76	140	100	10	7/	0 /	3.7	70	35.0
	UNDER 9 YEARS 9-11 YEARS	(D)	1/0	747	10.6	70	770	7.7	17	/2	15.8
	12+ YEARS		E06	2105	6.7	267	332	7.5	89 257	1007	12.2
	UNKNOWN		7	50	0.7	247	13	4.9	5	37	11.1
	ONKNOW		,	20		- 2	13		5	3/	_
5.	UNMARRIED										
	YES	(E)	324	1344	11.5	76	322	8.6	248	1022	12.8
	NO		390	1705	5.9	270	1176	5.0	120	529	
	UNKNOWN		1	1	-		1		0		-
6.	BIRTH OROER										
	1		200	975	6.6	112	561	5.3	88	414	9.7
	2-3		340	1404	7.0	173	687	5.0	167		
	4+	(F)	175	671	11.5	62	251	7.6	113	420	16.6
7	PREVIOUS PREGNAI	UCV TE	DMTNATTO	A.t							
/ .	FREVIOUS FREGIVAL	ACT IE	MINATIO	1.4							
	YES	(G)	255	978	10.1	105	420	6.7	150	549	16 6
	NO	(0)	458	2057	6.7	241	1066	5.1	217		10.1
	UNKNOWN		2	15	-	1	4	-	1	11	-
			_			_	•		-		
8.	PREVIOUS LIVE B	ORN NO	W DEAD								
	YES	(H)	60	243	32.5	22	93	21.9	38	150	46.7
	1.5		654	2791	7.0	325	1402	5.2	329	1389	10.8
	UNKNOWN		1	16	-	0	4		1	12	-
9.	ANY ONE OR MORE										
	/AF 1 THE							, -			
	(OF A THRU H)		550	2290	9.5	231	928	6.8	319	1362	13.0

^{*} SEE DEFINITIONS AND FORMULAS.

ANNUAL AND FOUR-YEAR POSTNEONATAL DEATHS

1991 AND 1988-91

NORTH CAROLINA

	E S I D E N T O S T N E O N A E A T H S		NUMBER	NUMBER	RATE*	NUMBER	NUMBER	RATE*	N O N ANNUAL NUMBER	NUMBER	-YEAR RATE*
1.	TOTAL		339	1441	3.6	174	773	2.8	165	668	5.1
	BIRTH IN STATE BIRTH OUT OF S	TATE	334 5	1421 20	-	170 4	761 12	-	164 1	660 8	
2.	BIRTHWEIGHT										
	UNDER 1500 GRA 1500-2499 GRAM 2500+ GRAMS UNKNOWN		212 1	958 5	2.6	29 31 113 1	78 157 537 1	11.6	37 29 99 0	122	9.8
	ATERNAL C AGE	HAR	ACTE	RIST	ICS						
٥.	UNOER 18 YEARS 18-34 YEARS 35+ YEARS UNKNOWN		27 275 36 1	1202 88	5.6 3.4 3.4	132	652 56	5.2 2.7 2.8	143 12	550 32	5.0 5. 1
4.	EDUCATION										
	UNOER 9 YEARS 9-11 YEARS 12+ YEARS UNKNOWN	(C) (O)	10 113 214 2	468 886	6.1 5.9 2.9	8 50 115 1	238 486	5.3 5.2 2.2	63 99	34 230 400 4	6.8 4.4
5.	UNMARRIED										
	NUKNOMN NO AES	(E)	169 169 1	804	5.5 2.8	40 133 1	182 590 1	4.9 2.5 -	129 36 0		5.8 4.1 -
6.	BIRTH ORDER										
	1 2-3 4+	(F)	80 1 75 84	727	2.8 3.7 5.4	52 91 31	239 398 1 36	2.3 2.9 4.2	28 84 53		
7.	PREVIOUS PREGNA	NCY TE	RMINATIO	И							
	YES NO Unknown	(G)	95 243 1	371 1065 5	3.9 3.5	46 127 1	200 57 1 2	3.2	49 116 0	171 494 3	5.2 5.1
8.	PREVIOUS LIVE B	ORN NO	W DEAD								
	NO NO NKNOWN	(日)	11 327 1	46 1392 3	6.4 3.5	6 167 1	17 755 1	4.1 2.8	160 0	29 637 2	9.5 5.0
9.	ANY ONE OR MORE										
	(OF A THRU H)		270	1099	4.6	119	535	3.9	151	564	5.5

^{*} SEE DEFINITIONS AND FORMULAS.

ANNUAL AND FOUR-YEAR INFANT DEATHS

1991 AND 1988-91

NORTH CAROLINA

R E S I I N F A D E A T	DENT NTS HS		T (ANNUAL NUMBER	MULTI	-YEAR	ANNUAL	MUI TI	-YEAR	N O N ANNUAL NUMBER	MULTI	-YEAR
1. TOTAL			1054	4491	11.1	521	2272	8.3	533	2219	16.9
0000	UR. IN STATE UR. OUT OF S	TATE	1039 15	4419 72	-	511 10	2224 48	-	528 5	2195 24	
2. BIRTH											
Z. DIKII	HWEIGHT										
UNDE	ER 1500 GRAM	IS	538	2293	343.2	231	980	332.9	307	1313	351.3
1500	0-2499 GRAMS		139	605	22.9	81	352	25.5	58 157 11	253	20.1
	0+ GRAHS		356	1512	4.1	199	903	3.5	157	609	5.3
UNKI	NOMN		21	81	-	10	37	-	11	44	-
MATE	RNAL C	HAR	ACTE	RIST	ICS						
3. AGE											
UNDE	ER 18 YEARS	(A)	86	438	17.4	32	167	14.7	54 446	271	19.7
	34 YEARS										16.2
	YEARS	(B)				53	170		33		
	чоми		1	45	-	1	25	-	0	20	-
4. EDUCA	ATION										
UNDE	ER 9 YEARS	(C)	46	230	16.8	27	124	13.6	19 152 356	106	23.2
9-11	1 YEARS		281	1215	15.2	129	570	12.5	152	645	18.9
	YEARS		718			362	1564	7.1	356	1427	15.4
UNKN	NONN		9	55	-	3	14	-	6	41	-
5. UNMAR	RRIED								•		
YES		(E)	493	1980	16.9	116	504	13.5	377	1476	18.6
NO			559	2509	8.7	116 403	1766	7.4	156		14.3
UNKI	иони		2	2	-	2	2	-	0	0	-
6. BIRTH	H ORDER										
1			280	1380	9.3	164	800	7.6	116	580	13.6
2-3			515	2131	10.7	164 264	1085	8.0	251	580 1046	16.5
4+		(F)		980			387			593	
7. PREVI	IOUS PREGNAN	CY TE	RMINATION	٧							
YES		(G)	350	1349	13.9	151	629	9.9	199	720	21.7
NO			701		10.1			7.8	333		15.1
UNK	NOWN		3		-	2		-	1		-
8. PREVI	IOUS LIVE BO	RN NO	DEAD								
YES		(H)	71	289	38.7	28	110	25.9	43	179	55 7
NO		,	981		10.5				489		15.8
	иоми		2	19		1	5		1	14	-
9. ANY (ONE OR MORE										
(DE	A THRU H)		820	7790	14 0	350	1663	10.6	470	1926	18 4
(0)	5 TIMO 117		020	3307	14.0	250	1403	10.0	4/0	1720	10.4

^{*} SEE DEFINITIONS AND FORMULAS.

APPENDIX B

ANNUAL AND FOUR-YEAR LIVE BIRTHS

1991 AND 1988-91

NORTH CAROLINA

RE	SIDENT	T	TAL		WH	ITE		NON	WHIT	E
LI	VE	ANNUAL	MULTI	-YEAR	ANNUAL	MULTI	-YEAR	ANNUAL	MULTI	-YEAR
	RTHS	NUMBER	NUMBER	RATE*	NUMBER	NUMBER	RATE*	NUMBER	NUMBER	RATE*
1.	TOTAL	102309	406399	100.0	69233	274720	100.0	33076	131679	100.0
SE	LECTED RIS	KFAC	TORS							
2.	PRENATAL CARE									
	ADEQUATE				55615		79.6		72087	
		20941	84226	20.7	10668	43272	15.8		40954	
	INADEQATE	7175				12110			18176	
	UNKNOWN	237	1061	0.3	130	599	0.2	107	462	0.4
3.	HOSPITAL LEVEL									
		36580		38.9			36.6		57534	
	OTHER	65729	248422	61.1	45944	174277	63.4	19785	74145	56.3
4.	MOTHER SMOKED				3/055	(0000		F1.00	00077	37 (
	YES		83866					5199		
	NO	81951		78.2	54194		76.6			
	UNKNOWN	304	4811	1.2	184	3397	1.2	120	1414	1.1
_										
5.	C-SECTION		0/0//	07.0	3/053	(501/	07 7	700/	20272	22.2
	YES		94246			65014	23.7	7096		
	NO	79049			53113		75.5			
	UNKNOWN	113	3061	0.8	69	2175	0.8	44	886	0.7
6.	WEIGHT GAIN LESS THAN 15 LBS.	0/30	7070/		4470	3/70/		4180	1/012	12.2
								27608		
					63213			1288		
	UNKNOWN	2869	22284	5.5	1581	13145	4.8	1200	9137	0.7
_	MATERIAL AMENTA									
/.	MATERNAL ANEMIA	0/07	30/30	• • •	1000	4007	1.8	1269	5623	4.3
	YES	2497			1228	4987	97.7			
	ИО	99727			67948				465	
	NKHOMN	85	1905	0.5	57	1440	0.5	28	405	0.4
	MATERNAL PRARETES									
8.	MATERNAL DIABETES	7117	3.0067	7 0	2289	0007	3.2	828	3363	2.6
	YES	3117					96.2			
	NO	99107			66887			28		
	UNKNOWN	85	1905	0.5	57	1440	0.5	20	405	0.4
9.	MATERNAL HYPERTENS	TON								
7.	YES	4643	19464	4.6	3111	12403	4.5	1532	6243	4.7
	NO	97581			66065		95.0			
	UNKNO!/N		1905		57			28	465	
	BINKNOWN	03	1705	0.5	31	1440	0.5	20	103	•••
1.0	MATERNAL MEDICAL RI	rsv								
10.	FACTORS#									
	ONE OR MORE	24941	93398	23.0	16024	59978	21.8	8917	33420	25.4
	NONE	77283	311096		53152	213302		24131	97794	
	UNKNOWN	85	1905		57	1440		28	465	
	CHANGE	05	1,03	0.5	27	1.70	٠.2	20	.05	
11	COMPLICATIONS OF LA	ABOR								
	AND/OR DELIVERY									
	ONE OR MORE	38495	147241	36.2	25273	95999	34.9	13222	51242	38.9
	NONE	63724	257202		43897	177227		19827	79975	
	UNKNOWN	90	1956		63	1494		27	462	
		, ,	- / 30							

^{*} SEE DEFINITIONS AND FORMULAS. # ANY MEDICAL RISK FACTOR, INCLUDING 7,8, AND 9.

ANNUAL AND FOUR-YEAR FETAL DEATHS

1991 AND 1988-91

NORTH CAROLINA

D E	SIDENT	тс	TAL		wı	HITE		NON	WHIT	E
	TAL	ANNUAL		-YEAR	ANNUAL	H I T E MULTI	-YFAR	IAHMMA	MULTI	
		NUM8ER	NUMBER			NUMBER			NUMBER	
DE	ATHS	NOTICER	NOTIBER	NATE ^	HOUSEK	HOLDER	WALE -			
	TOTAL	004	3566	0 7	465	1924	6.6	419	1740	13.0
1.	TOTAL	004	2200	0.7	405	1020	0.0	72)	2/40	10.0
٠	LECTED RIS	V E A C	TOPS							
2 E	LECTED KIS	K F A C	10 1/3							
•	PREMIATAL CARE									
2.	PRENATAL CARE	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A
	ADEQUATE					N.A		N.A		N.A
	INTERMEDIATE	N.A	N.A	N.A					N.A	
	INADEQATE	N.A	N.A	N.A	N.A	N.A	N.A	N.A	****	
	UNKNOWN	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A
3.	HOSPITAL LEVEL					77/	7 7	300	707	77 6
	LEVEL III	361	1517	9.5		734				13.4
	OTHER	523	2049	8.2	286	1092	6.2	237	957	12.7
4.										
	YES	195	817	9.6				78		14.4
	NO	664	2547	8.0	341	1251	5.9		1296	11.9
	UNKNOWN	25	202		7	93		18	109	
5.	C-SECTION					197 1588 41				, -
	YES	61	328	3.5	39	197	3.0	22	131	
	NO	820		10.1	425	1588	7.6			
	UNKNOMM	3	82		1	41		2	41	
6.	WEIGHT GAIN									
	LESS THAN 15 LBS.	284	1078	32.2	140	520	30.8	_	558	
	15 OR MORE L8S.		1672	4.7	260	966	3.9	182		
	UNKNOWN	158	816		65	340		93	476	
7.	MATERNAL ANEMIA									
	YES	33	135	12.6	15		9.3	18		15.4
	NO	846	3357	8.5	449	1742	6.5	397		
	UNKNOWN	5			1	37		4	37	
8.	MATERNAL DIABETES									
	YES	33	128	10.3	13	68	7.6	20		17.5
	NO	846	3364	8.5	451	1721	6.5	395	1643	12.7
	UNKNOWN	5	74		1	37		4	37	
9.	MATERNAL HYPERTENSI	ON								
	YES	61	252	13.3	31		10.0	30		19.9
	NO	818	3240	8.3	433	1664	6.3	385	1576	12.5
	UNKNOWN	5	74		1	37		4	37	
10.	MATERNAL MEDICAL RI	SK								
	FACTORS#	•						_		
	ONE OR MORE	338	1323	14.0	175	669		163		19.2
	NONE	541	2169	6.9	289	1120	5.2	252	1049	10.6
	UNKNOWN	5	74		1	37		4	37	
11.	COMPLICATIONS OF LA	80R		•						
	AND/OR DELIVERY									
	ONE OR MORE	545	2049		273	1023		272	1026	19.6
	NONE	334	1450	5.6	191	771	4.3	143	679	8.4
	UNKNOWN	5	67		1	32		4	35	

^{*} SEE DEFINITIONS AND FORMULAS.

[#] ANY MEDICAL RISK FACTOR, INCLUDING 7,8, AND 9.

ANNUAL AND FOUR-YEAR NEONATAL DEATHS

1991 AND 1988-91

NORTH CAROLINA

RF	SIDENT	TC	TAL		WI	HITE		NON	HHIT	E
NE	ONATAL	ANNUAL	MULTT	-YEAR	ANNUAL	MULTI	-YEAR	ANNUAL		
		NUMBER			NUMBER	NUMBER			NUMBER	
1.	TOTAL	715	3050	7.5	347	1499	5.5	368	1551	11.8
SE	LECTED RISK	FAC	TORS							
2.	PRENATAL CARE		1757		252	1065	4. 0	100	712	9.9
	ADEQUATE	144	1757 658	7.8	60	1045 270	6.2	189 84	388	9.5
	INTERMEDIATE	126	595	19.6	35	172	14.2	91	423	_
	INADEQATE UNKNOWN	4		17.0	0	12	14.2	4	28	
	UNKNOWN	7	40		· ·				20	
3.	HOSPITAL LEVEL									
	LEVEL III	385	1700	10.8	175	777	7.7	210	923	16.0
	OTHER	330	1350	5.4	172	722	4.1	158	628	8.5
4.	MOTHER SMOKED									
	YES	165	707	8.4	96	406	6.7	69	301	13.2
	NO	537	2250	7.1	244	1047	5.0	293	1203	11.2
	NNKNOMN	13	93		7	46		6	47	
5.	C-SECTION									
	YES	169	747	7.9	102	445	6.8	67	302	10.3
	NO	545	2254	7.3	245	1035	5.0	300	1219	12.0
	LNKKOMN	1	49		0	19		1	30	
6.	WEIGHT GAIN									
	LESS THAN 15 LBS.	250	1027	31.7	98	441	26.9	152	586	36.6
	15 OR MORE LBS.	381	1505	4.3	218	850	3.5	163	655	6.1
	UNKNOWN	84	518		31	208		53	310	
7.	MATERNAL ANEMIA									
	YES	13	76	7.2	7	28	5.6	6	48	8.5
	NO	701			339	1449	5.4	362	1488	11.8
	UNKNOWN	1	37		1	22		0	15	
8.	MATERNAL DIABETES									
٠.	YES	18	82	6.7	9	45	5.1	9	37	11.0
	NO	696	2931	7.5	337		5.4	359	1499	11.7
	UNKNOWN	1	37		1	22		0	15	
9.	MATERNAL HYPERTENSI	ON								
	YES	33	110	5.9	22	62	5.0	11	48	7.7
	NO	681		7.5	324	1415	5.4	357	1488	11.9
	UNKNOWN	1	37		1	22		0	15	
10.	MATERNAL MEDICAL RIS	SK								
	ONE OR MORE	299	1256	13.4	151	616	10.3	148	640	19.2
	NONE	415	1757	5.6	195	861	4.0	220	896	9.2
	UNKNOWN	1	37		1	22		0	15	
11.	COMPLICATIONS OF LANAND/OR DELIVERY	BOR								
	ONE OR MORE	468	2043	13.9	213	989	10.3	255	1054	20.6
	NONE	246	971	3.8	134	491	2.8	112	480	6.0
	UNKNOHN	1	36		0	19		1	17	

^{*} SEE DEFINITIONS AND FORMULAS.

[#] ANYD MEDICAL RISK FACTOR, INCLUDING 7,8, AND 9.

ANNUAL AND FOUR-YEAR POSTNEONATAL DEATHS

1991 AND 1988-91

NORTH CAROLINA

RE	SIDENT	Т (TAL		W	HITE		нои	WHIT	E
	STNEONATAL			-YEAR	ANNUAL		-YEAR	ANNUAL		-YEAR
	ATHS	NUMBER	NUMBER		NUMBER	NUMBER		NUMBER	NUMBER	
1.	TOTAL	339	1441	3.6	174	773	2.8	165	668	5.1
	IOTAL								-	
SF	LECTED RIS	KFAC	TORS							
-	LLOILD KID									
2.	PRENATAL CARE									
	ADEQUATE	189	808	2.8	119	509	2.3	70	299	4.2
	INTERMEDIATE	92	407	4.9	39	182	4.2	53	225	5.5
	INADEQATE	57	218	7.3	15	77	6.4	42	141	7.9
	UNKNOWN	1	8	7.5	1	5		0	3	
	ONNINONIA				-	,		U		
7	HOSPITAL LEVEL									
٥.		150	657	4.2	14	710	3.1	84	345	6.1
	LEVEL III	189	784	3.2	66 108	312 461	2.7		323	4.4
	OTHER	109	764	3.2	100	401	2.1	81	323	4.4
,	MOTHER CHOKER									
4.	MOTHER SMOKED	30/	506	6.1	re	71/	5.2	48	100	o F
	YES	106			58	314			192	8.5
	NO	231	909	2.9	115	446	2.1	116	463	4.4
	UNKNOWN	2	26		1	13		1	13	
_										
5.	C-SECTION									
	YES	100	418	4.5	57	236	3.7	43	182	6.3
	ИО	237	1008	3.3	115	526	2.5	122	482	4.8
	UNKNOWN	2	15		2	11		0	4	
6.	WEIGHT GAIN									
	LESS THAN 15 LBS.	60	197	6.3	26	75	4.7	34	122	7.9
	15 OR MORE LBS.	257	1102	3.1	136	625	2.6	121	477	4.5
	UNKNOWN	22	142		12	73		10	69	
7.	MATERNAL ANEMIA									
	YES	10	58	5.5	5	24	4.8	5	34	6.1
	NO	328	1376	3.5	168	744	2.8	160	632	5.1
	UNKNOWN	1	7		1	5		0	2	
8.	MATERNAL DIABETES									
	YES	5	39	3.2	4	27	3.1	1	12	3.6
	NO	333	1395	3.6	169	741	2.8	164	654	5.2
	UNKNOWN	1	7		1	5		0	2	
9.	MATERNAL HYPERTENSI	ON								
	YES	20	75	4.0	9	36	2.9	11	39	6.3
	NO	318	1359	3.5	164	732	2.8	154	627	5.1
	UNKNOWN	1	7		1	5		0	2	
10.	MATERNAL MEDICAL RI	SK								
	FACTORS#									
	ONE OR MORE	124	440	4.8	61	224	3.8	63	216	6.6
	NONE	214	994	3.2	112	544	2.6	102	450	4.6
	UNKNOWN	1	7		1	5		0	2	
		-	•		-	- 3		-	_	
11	COMPLICATIONS OF LA	BOR								
	AND/OR DELIVERY									
	ONE OR MORE	150	636	4.4	74	326	3.4	76	310	6.2
	NONE	188	796	3.1	99	442	2.5	89	354	4.5
	UNKNOWN	1	9		í	5		0	4	
		-	,		•			J	•	

^{*} SEE DEFINITIONS AND FORMULAS.

[#] ANY MEDICAL RISK FACTOR, INCLUDING 7,8, AND 9.

ANNUAL AND FOUR-YEAR INFANT DEATHS

1991 AND 1988-91

NORTH CAROLINA

R E	SIDENT	T O	TAL		W	HITE		нои	WHIT	E
IN	FANT	ANNUAL	MULTI	-YEAR	ANNUAL	MULTI	-YEAR	ANNUAL	MULTI	-YEAR
DE	ATHS	NUMBER	NUMBER	RATE*	NUMBER	NUMBER	RATE*	NUMBER	NUMBER	RATE*
2										
1	TOTAL	1054	4491	11 1	E21	2272	ρ 3	EZZ	2210	16.9
1.	TOTAL	1034	1-1/4		321	LLIL	0.5	555	LLI	10.
SE	LECTED RIS	KFAC	TORS							
2.	PRENATAL CARE							-25		
	ADEQUATE	630 236		8.8	371 99			259	613	14.0
	INTERMEDIATE INADEQATE	183		26.8	50		20.4	137 133	564	31.0
	UNKNOWN	5	48	20.0	1			4	31	
	Onknown	,			-	17		•	91	
3.	HOSPITAL LEVEL									
	LEVEL III	535	2357	14.9	241	1089	10.8	294	1268	22.0
	OTHER	519	2134	8.6	280	1183	6.8	239	951	12.8
4.	MOTHER SMOKED	271	1017	76 5	3.54	720	11.0	717	4.07	27 (
	YES NO	768		9.9	750	1493	11.8	117 409		21.6
	UNKNOHN	15	119	7.7	8		7.1	7	60	
	Onknown	13	*1/		O	3/		,	00	
5.	C-SECTION									
	YES	269	1165	12.4	159	681	10.5	110	484	16.6
	NO	782		10.6	360	1561	7.5	422	1701	16.7
	UNKNOWN	3	64		2	30		1	34	
,	HETCHT CATH									
6.	WEIGHT GAIN LESS THAN 15 LBS.	710	1226	37.8	126	516	71 F	186	700	44.2
	15 OR MORE LBS.				354	1475	6.0	284	1132	
	UNKNOWN	106	660	7.4	43			63	379	
		100				202				
7.	MATERNAL ANEMIA									
	YES	23	134		12		10.4	11		14.6
	NO	1029		10.9	507			522		16.9
	UNKNOWN	2	44		2	27		0	17	
0	MATERNAL DIABETES									
٥.	YES	23	121	9.9	13	72	8.1	10	49	14.6
	NO	1029		11.0	506			523		16.8
	UNKNOWN	2	44		2			0	17	
9.	MATERNAL HYPERTENS									
	YES	53	185	9.9	31		7.9	22		13.9
	NO	999		11.0	488			511		16.9
	UNKNOWN	2	44		2	27		0	17	
10.	MATERNAL MEDICAL R	TSK								
	FACTORS#	-5								
	ONE OR MORE	423	1696	18.2	212	840	14.0	211	856	25.6
	NONE	629	2751	8.8	307	1405	6.6	322	1346	13.8
	UNKNOWN	2	44		2	27		0	17	
11	COMPLICATIONS OF	ADOD								
11.	COMPLICATIONS OF L AND/OR DELIVERY	ABUK								
	ONE OR MORE	618	2679	18.2	287	1315	13.7	331	1364	26.6
	NONE	434	1767	6.9	233		5.3	201	834	
	UNKNOWN	2	45		1			1	21	

^{*} SEE DEFINITIONS AND FORMULAS.

[#] ANY MEDICAL RISK FACTOR, INCLUDING 7,8, AND 9.

APPENDIX C Lower Section of the Certificate of Live Birth

INFORMATION FOR MEDICAL AND HEALTH USE ONLY FATHER 284. SSN: MOTHER 274 SSN: _ 26b. EDUCATION (Highest Grade Completed): 27b. EDUCATION (Highest Grade Completed) Elementary/Secondary (0-12) _____ College (HISPANIC (Cuban, Mexican, Puerto Rican, etc.) ORIGIN? Elementary/Secondary (0-12) ___ College (1-4 or 5+) College (1-4 or 5+) _ 27c. HISPANIC (Cuban, Maxican, Puerto Rican, etc.) ORIGIN? □ No □ Yes (Specify) _ □ No □ Yes (Specify) _ MOTHER MARRIED (At birth, conception or between PLURALITY - Single, Twin, Triplet, IF NOT SINGLE - Born First, Second, Third, BIRTH WEIGHT (Specify) birth and conception) atc. (Specify) etc. (Specify) 30. PREGNANCY HISTORY (Complete each section) 31. APGAR SCORE a. Live Births (Do not include this child) 1 MIN Date of last Live Birth Now Living, Number ... _ None (Month, Dey, Year) DATE OF LAST OTHER TERMINATION b. OTHER TERMINATIONS (Spontaneous and DATE UP LAST (Month, Dey, Year) induced at any time after conception). Number √□ None PRENATAL VISITS - Total Number DATE LAST NORMAL MENSES BEGAN | MONTH OF PREGNANCY PRENATAL CLINICAL ESTIMATE OF Did mother have blood test for Syphilis? (Specify yes or no.)
36. CARE BEGAN (First, Second, atc.) -GESTATION (Weeks) (If none, so state) MOTHER TRANSFERRED PRIOR TO DELIVERY? | NO | YES If yes, enter name of INFANT TRANSFERRED? | NO | YES | If yes, enter name of facility transferred to 38a. MEDICAL HISTORY FOR THIS 40. EVENTS OF LABOR AND/OR DELIVERY 43, CONGENITAL ANOMALIES OF CHILD PREGNANCY (Check all that apply) (Check all that apply) (Check all that apply) Cardiac disease02 □ Prematura ruptura of membrana (> 12 hours) ..03 Acuta or chronic lung disease03 Diabetes04 Other central nervous system anomalies Ganital harpes05 □ Other excessive bleeding06
 Seizures during labor
 .07 □

 Precipitous labor (<3 hours)</td>
 .08 □

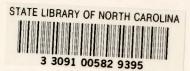
 Prolonged labor (> 20 hours)
 .09 □
 Hydramnios/Oligohydramnios06 □ Haart malformations06 □
 Hemoglobinopathy
 07 □

 Hyperlansion, chronic
 08 □

 Hypertension, pregnancy-associated
 09 □
 Other circulatory/respiratory anomalies Eclampsia10 🗆 Cephalopelvic disproportion12 Incompetant cervix11 Tracheo-esophageal fistula/Esophageal Cord prolapse13 Anesthatic complications14 atresia09 Fatal distress15 Other gastrointestinal anomalies Uterine bleeding16 Maltormed genitalia12 41. METHOD OF DELIVERY (Check all that apply) Other (Specify)_ 17 🗆 Vaginal......01 □ Other urogenital anomalies Vaginal birth aftar pravious C-section02 □ 38b. OTHER HISTORY FOR THIS PREGNANCY (Complate all items) Cleft lip/palate15 Rapeat C-section04 Tobacco use during pregnancy Yes □ No □ Polydactyly/Syndactyly/Adactyly16 □
 Club toot
 17 □

 Diaphragmatic hamia
 18 □

 Other musculoskaletal/integumental anomalies
 Average number of drinks per week _ 42. CONDITIONS OF THE NEWBORN Weight gained during pregnancy _ (Check all that apply) 39. OBSTETRIC PROCEDURES Other chromosomal anomalies Birth injury ... 02 □ Fetal alcohol syndrome ... 03 □ (Check all that apply) Hyaline membrane disease/RDS Amniocentesis04 🗆 Electronic fatal monitoring02 Other (Specify)____ Stimulation of labor04 Tocolysis05 🗆 Ultrasound...06 🗆 Other (Specify)___ None00 □ Other (Specify)_



APPENDIX D

Minimum and Maximum Recommended Weight Gain For Normal Weight Women For Each Week of Gestation

Week of Gestation	Weight <u>Minimum</u>	Weight <u>Maximum</u>
13	3.5	3.5
20	9	12
21	10	13
22	11	14
23	12	15
24	12	16
25	13	18
26	14	19
27	15	20
28	16	
29	16	21
30	17	22
31		23
	18	25
32	19	26
33	20	27
34	20	28
35	21	. 29
36	22	30
37	23	32
38	24 .	33
39	24	34
40	25	35

Source: Institute of Medicine, Nutrition During Pregnancy, National Academy Press, 1990.



Department of Environment, Health, and Natural Resources State Center for Health and Environmental Statistics P. O. Box 29538 Raleigh, N.C. 27626-0538 919/733-4728

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